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This appln claims benefit of 60/508,511 10/02/2003

** FOREIGN APPLICATIONS ***** *LH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	DRAWING 24	CLAIMS 32	CLAIMS 2
Verified and Acknowledged	<i>Laurie Heller</i> <i>LH</i> Examiner's Signature Initials				

ADDRESS

28863

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TITLE

Neurostimulator programmer with internal antenna

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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